



City of College Station Taxicab Vehicle Inspection Form



Name of Company: _____

Address: _____

Phone Number: _____

Owner Name: _____

Company License Number: _____

Vehicle Description:

Make: _____ Model: _____ Year Model: _____

Body Style: _____ Color: _____ V .I.N : _____

M. R. Seating Capacity: _____ Texas Inspection Sticker No. _____

Texas License Plate No. _____ : Expiration: _____

Fire Extinguisher Type: _____ Size: _____

Cleanliness: Pass () Fail ()

Comments: _____

Rates and Fares Displayed: : Yes () No ()

Permit Displayed: Yes () No ()

Insurance Carrier: _____ **Copy of Policy must be attached.**

Business Name and Phone Number with letters at least 2 1/2" in height: : Yes () No ()

Date of Inspection: _____

Inspected by: _____